



## **GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

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E-Mail: Medboard@dch.state.ga.us

### **REINSTATEMENT APPLICATION FOR PHYSICIAN LICENSURE** **GENERAL INFORMATION**

#### **ENSURE YOU HAVE THE RIGHT APPLICATION**

**Important Note** – Before you continue beyond this point, ensure you have the correct application and are applying for **REINSTATEMENT OF YOUR PHYSICIAN LICENSE** and not **INITIAL APPLICATION FOR PHYSICIAN LICENSURE**. Initial Application of a Georgia medical license requires the completion of a different application.

#### **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE**

Application Fee: **\$200.00**; If license placed on Inactive Status: Make check/money order payable to: **Georgia Medical Board**.

Application Fee: **\$400.00**; If license Revoked for non-renewal or other action: Make check/money order payable to: **Georgia Medical Board**.

#### **NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY**

**AFFIDAVIT IS ON FILE WITH THE BOARD**. Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

#### **FALSIFICATION/MISREPRESENTATION**

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

#### **BRIEF OVERVIEW**

**Effective February 1, 2005** the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the reinstatement application packet only if it meets certain guidelines identified by the Board for each primary source documentation. Please refer to the Checklist for guidelines for submitting primary source documentation.**

Please read all application materials and instructions carefully. It takes approximately six (6) to eight (8) weeks to obtain a reinstatement license in Georgia. Please visit the Frequently Asked Questions (FAQ's) on our website for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as completed **15 business days** before the next monthly board meeting date. An application is complete when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 15 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff. **Physician Licensure Reinstatement applications are valid for one-year from date of receipt.**

**EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice medicine in Georgia until your Georgia license number has been REINSTATED.**

#### **INTERNET DISCLOSURE OF PHYSICIAN'S ADDRESS**

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed physician. Public-record information pertaining to licensed physicians is available to the public through the Board's website ([www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)).

The release of this information has highlighted the need for physicians to carefully consider the address they provide to the Board. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

#### **CONTACT INFORMATION**

If your last name begins with:

**A, B, C, D, E, F, G, H**

**I, J, K, L, M, N, O, P**

**Q, R, S, T, U, V, W, X, Y, Z**

Please call:

**404-463-6162**

**404-657-6491**

**404-656-7067**